

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

# IPRS

## New/Revised Procedure Code Rate Justification Form

Instructions: Complete this form and  
email a scanned PDF copy to:  
IPRS.HELP@NCMAIL.NET  
(DMH/SS/SAS – IPRS Help Desk)

Form # \_\_\_\_\_  
(assigned by Help Desk)

or fax to: (919) 508-0950

New / Missing Rate: ☐ Revised Rate: ☐

Name of Area Program		
Name of Person Submitting Request		
Mailing Address		
Telephone Number		(Please Circle Y=yes or N=no)
Base Billing Provider No. (optional)		Provider Specific: (Y/N)
Attending Provider No. (optional)		Attending Pvd'r Specific: (Y/N)
Client Number (optional)		Client Specific: (Y/N)
Effective Date		Retroactive Rate: (Y/N)

<b>Procedure Code.</b>	<b>Procedure Name:</b>				
<b>Target Populations:</b> (Enter up to six Target Populations or attach additional page with specifics.)					

<b>Rate Information:</b>	<b>Rate Requested:</b>
<b>Explanation of Rate Requested:</b>	
AP Finance Officer or Division Representative Authorized Signature	Date:

Approved <input type="checkbox"/>	Approved as Revised <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Division Comments:		
Division of MH/DD/SAS Budget Office Authorized Signature:		Date: